Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name TACO BELL NO. 33583 Address 100 DAISY SUMMIT DR, NEW ALBANY IN 47150 | | | | | | | Telephone Number 812-748-2248 1 (812) 945-9810 | Date of Inspection 12/23/2020 | ID# | |
|--|---|--------|--------|--------------------------|--|------------------|---|---|-----------|--|
| Owner C.M. SMITH RESTAURANTS, INC/ CLINTON SMITH Owner's Address 5140 CHARLESTOWN RD., SUITE 4 NEW ALBANY, IN 47150- Person in Charge ERIN BRANGERS | | | | | | | Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Follow Up Released 12/23/2020 Menu Type 1 2 _X 3 4 5 | | |
| Responsible Person's Email RS033583@TACOBELL.COM Certified Food Handler DANA SHEPARD CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | | | | |
| | | | PECTIO | | | NS" AND IN THE N | ARRAIVE COLUMN MARKED AS "R" | | Corrected | |
| 136 243 392 | X | X X | | Observed lids at debris. | ered employee dri counter and in BC ster to be left open | OH storage t | storage rack. to be contaminated with for | CORRE DISCAI CORRE | RDED | |
| Summary of Vi | | | | | <u>2</u> R <u>(</u> | I | nspected by (name and title | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | | | |
| cc: | | | | | cc: | | | cc: | | |